



DEPARTMENT OF THE ARMY
HQS, 3D U.S. INFANTRY REGIMENT (THE OLD GUARD)
201 JACKSON AVENUE
JOINT BASE MYER-HENDERSON HALL, VA 22211

REPLY TO
ATTENTION OF

ANOG-REC

MEMORANDUM FOR: Prospective Applicant

Thank you for your interest in The Old Guard, "The Official Escort to the President." The following packet includes all of the information necessary to be considered for selection and assignment to The Old Guard. The following criteria must be met for consideration:

Height:

Males: 5-10' (70 inches) and above

Females: 5-8' (68 inches) and above

Minimum GT Score of 110 (Waivable based on Total Soldier Concept)

No Civil Convictions or UCMJ within recent past

No Drug or Alcohol related incidents

Minimum PT Score of 230 (Recommend 270 or above for NCOs)

Must meet all Army height and weight standards and look like a Professional Soldier

No movement restrictive profiles or shaving profiles

Must be a US Citizen

Must be Active Duty, Regular Army

Deployed within the last 36 months

Must have a stable financial background

***Exceptions are made for EXCEPTIONAL SOLDIERS.**

Please email or mail a complete packet. Email is preferred.
Packets that are missing any of the REQUIRED information will be discarded. A complete packet will possess the following:

PACKET CHECK LIST

____DA Photo (Digital Photo in the APFT Uniform if deployed.)

____ERB

____Two Letters of Recommendation (E-4 and below only)

____Last three NCOER's (CSM/LTC Letters of Recommendation if less than 2 Years of NCOERs exist).

____Height and Weight Statement filled out by a PA (DA Form 5500)

____APFT Card Signed by 1SG/Commander

____Completed questionnaire and signed Volunteer Statement

If you have any questions regarding the application or application process feel free to call the Ft. Myer office at COMM (703) 696-3007 DSN 426-3007.

**Hector Milian
SFC, USA
Recruiting NCOIC**

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 5 United States Code, Section 301

PRINCIPAL PURPOSE: To evaluate applicants potential for assignment to the Third United States Infantry (The Old Guard).

ROUTINE USES: To aid The Old Guard Commander or his representative in determining if applicant is qualified for assignment under the provisions of AR 614-200.

DISCLOSURE: Providing information is voluntary. Failure to provide all or part of the requested information may prevent a decision as to the applicant's eligibility.

Name: _____ SSN: _____ - _____ - _____

Unit Mailing Address: _____

Email
(AKO) _____ (Personal) _____

Phone(W): (_____) _____ MOS: _____ Rank: _____

BASD: _____ ETS: _____ Race _____

Height: _____ Weight: _____ Last PT Score: _____ GT Score: _____

SIZES

Waist: _____ Blouse: _____ Hat: _____ Shoe: _____
Glove _____

Marital Status: _____ Number of Dependents: _____ MACP: _____

UCMJ _____

LAST NAME

FIRST

MI

SSN

RANK

Please answer all questions and explain if necessary.

1. Are you a citizen of the United States of America?
YES NO Explain: _____
2. Do you hold a Citizenship from another Country?
YES NO Explain: _____
3. Is your Spouse a Citizen of another Country?
YES NO Explain: _____
4. Have you ever had any Military Disciplinary actions taken against you? (Court Martial, Article 15, Derogatory Counseling Statement)
YES NO Explain: _____
5. Have you ever had any Alcohol or Drug related incidents?
YES NO Explain: _____
6. Have you ever experimented or used Drugs?
YES NO Explain: _____
7. Have you ever received Counseling for Alcohol or Drug addiction or abuse?
YES NO Explain: _____
8. Have you ever had a lien placed against your property?
YES NO Explain: _____
9. Has a Collection Agency ever contacted you to pay a bill?
YES NO Explain: _____
10. What is your current Financial Status?
 A. Able to meet obligations. _____
 B. Unable to meet financial obligations. _____
 C. If unable to meet financial obligations, how far behind are you?
 30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____
11. Have you ever missed Alimony or Child Support Payments?
YES NO Explain: _____
12. Do you have any Enemies? (Someone who would pursue harming you)
YES NO Explain: _____

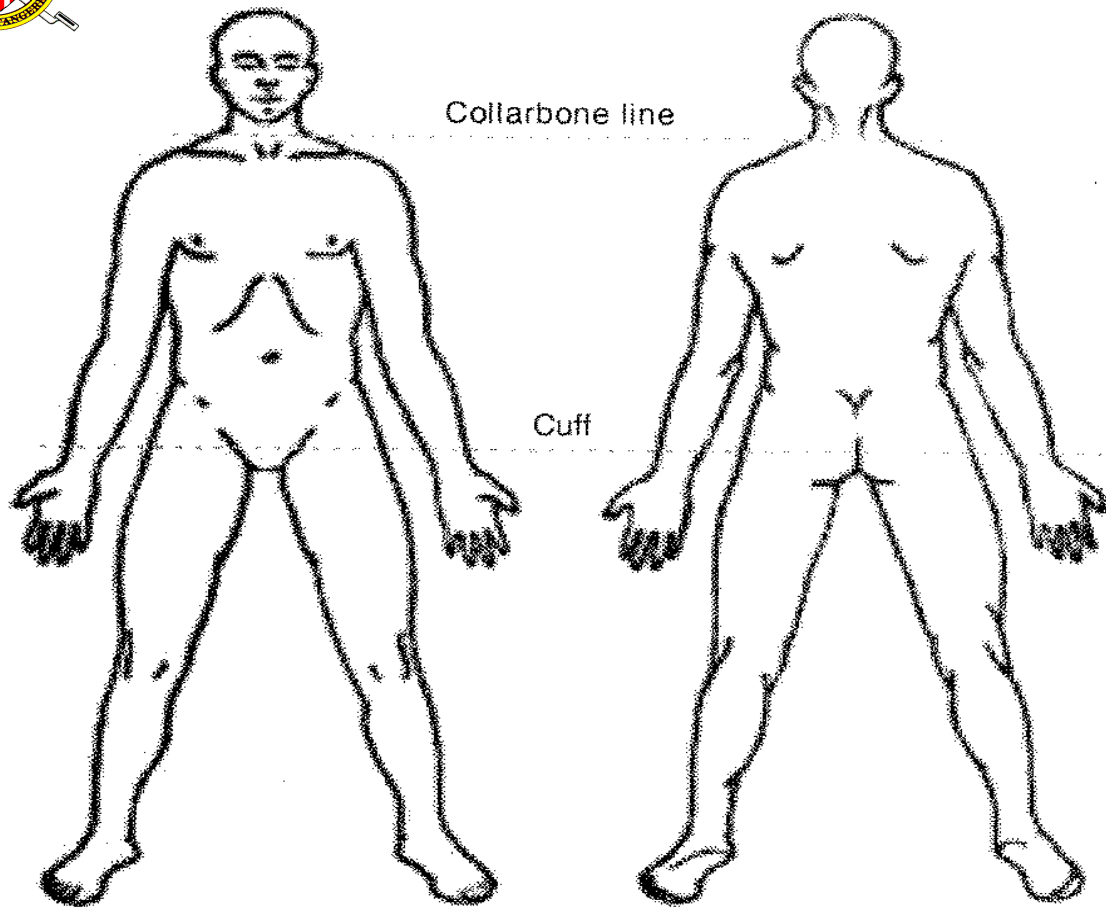
13. Do you now, or have you ever had Problems with your Knees or Back?
YES NO Explain: _____
14. If you wear Glasses, will you be able to perform Ceremonies wearing Contact Lenses or nothing at all?
YES NO Explain: _____
15. Do you understand the High Cost of Living on and off base in the National Capital Region?
YES NO Explain: _____
16. Do you understand that you must have at least (E-4 and above 36 Months / E-3 and below 30 Months) remaining on your current Enlistment upon your arrival to The Old Guard or you will be required to Re-enlist or Extend to be eligible for this assignment?
YES NO Initials _____
17. Do you have any Tattoos or other Markings on your body?
YES NO Please see Tattoo form.
18. Do you understand that if you are accepted to the Old Guard, it is your responsibility to inform us of any Physical Changes upon your arrival?
YES NO Explain: _____
19. Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/2, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS. Initials _____
20. Do you now or have you ever had a "Shaving Profile"?
YES NO Explain: _____
21. **It is highly recommended that Soldiers traveling with Family members arrive Monday-Friday between the hours of 0700-1600 to better facilitate lodging. Transportation of your household goods can be coordinated with Transportation at 703-614-7190 or 703-806-4900. During your PCS move, if there are any issues, please call the Regimental Staff Duty at 703-696-3003.**
Initials: _____

Signature

Date



The Old Guard



In the diagram above annotate with a number where your Tattoo is located and provide a brief description of the Tattoo below with the corresponding number of Tattoo.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The Old Guard

SOLDIER INFORMATION FORM

(Do Not Submit with Application. This is for your information)

The following information is provided to assist you with your move to the National Capital Region. **Soldiers are authorized to PCS to Fort Myer with their Family Members.** We strongly advise Soldiers who are traveling with family members to arrive Monday through Friday between the hours of 0700- 1600 to better facilitate lodging. If you think you may arrive after duty hours, please contact Personnel to arrange housing with your assigned unit. **Soldiers are authorized to Ship House Hold Goods at the Governments expense.** Transportation of household goods can be coordinated with transportation office at 703-614-7190 or 703-806-4900. During your PCS move if there are any issues please contact the Old Guard Staff Duty at 703-696-3003 for assistance. Additional information can be found at our web site at www.army.mil/oldguard.

Old Guard Phone Numbers:

Recruiter:	703-696-3007
Personnel:	703-696-4677
Staff Duty:	703-696-3003
Chaplain:	703-696-8130
Finance:	703-696-3522
Sponsorship	03-696-3149/3050

Address:

201 Jackson Ave
Fort Myer, Virginia
22211

Fort Belvoir (This is where Soldiers with Family Members are Housed):

Housing:	703-454-9700
ID Cards/DEERS:	703-805-5578
Army Community Service:	703-805-3413

Bonus Information:

Soldiers who received an Enlistment Bonus must have the following documents in order to ensure the timely processing of their Bonus. DD Form 4/1, 4/2, 4/3, DA Form 1966/1-6, DA Form 3286/1-7, AIT Certificate, and Orders Awarding your MOS.



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REPLY TO
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VOLUNTEER STATEMENT FOR ASSIGNMENT

TO: 3D U.S. INFANTRY REGIMENT (~~The Old Guard~~)

I hereby volunteer for assignment with the 3D United States Infantry, (~~The Old Guard~~) in accordance with AR 614-200, Chapter 8, Paragraph 8-46, Table 8-4. I understand that The Old Guard's mission requires the highest standards of discipline, mental, physical readiness, and professionalism. I understand that my assignment to the 3d US INF, The Old Guard, is contingent upon me meeting all prerequisites including successful completion and approval of a Presidential Support Duty Clearance. If, through my own fault I fail to meet or maintain the required physical, professional, or suitability standards, or become disqualified in any way prior to or during my tour of duty with The Old Guard, I may be reassigned in accordance with the needs of the Army. I understand that this assignment is a thirty six (36) month tour and I will extend or reenlist to meet this requirement. I volunteer of my own free will and good faith, and will uphold the standards of the regiment to the best of my abilities. I also understand that if I become unable to perform my duties a may be reassigned within the needs of the Army.

APPLICANT'S NAME (print): _____

SIGNATURE: _____

SSN #: _____

DATE: _____



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REPLY TO
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MEDICAL INFORMATION RELEASE

TO: 3D U.S. INFANTRY REGIMENT (The Old Guard)

I certify that the above information is true and correct to the best of my knowledge. Additionally, I authorize disclosure of my health information contained in my AHLTA electronic file to Physicians Assistants assigned to the 3d U.S. Infantry Regiment in order to determine my medical fitness for assignment to the 3d U.S. Infantry Regiment.

I understand that I have the right to revoke this authorization at any time but that any revocation may affect the screening process for acceptance into the 3d U.S. Infantry Regiment. I understand that authorizing disclosure of health information is voluntary. I can refuse to sign this authorization.

APPLICANT'S NAME (print): _____

SIGNATURE: _____

SSN #: _____

DATE: _____